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**TESTIMONY RE: Raised Bill No. 968 AN ACT CONCERNING REPORTS OF NURSE
STAFFING LEVELS**

PUBLIC HEALTH COMMITTEE

March 15, 2013

Good Day Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) related to the Nurse Staffing Levels. I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University.

I speak in STRONG SUPPORT OF Raised Bill No. 968 AN ACT CONCERNING REPORTS OF NURSE STAFFING LEVELS

During my tenure as Chair of GRC I have worked on two previous Staffing bills. During the past year I have received many calls about staffing from nurses in a variety of settings. When questioned about the legislative mandate for Staffing Committees in the workplace based on previous legislation I have been told that they have gone by the wayside and in this economic environment it will only get worse. I find that comment frightening as a nurse and consumer of health care. "Nurses everywhere rank staffing as their biggest problem. Research shows it is a problem – for patients: Insufficient nurse staffing is linked with poorer patient outcomes, lengthened hospital stays and increased chance of patient death." (ANA, Safe Staffing 2012)

Identifying and maintaining the appropriate number nursing staff, with the correct qualifications is essential to the delivery of safe, high quality patient care. Over the past decade multiple studies have demonstrated the relationship between number of qualified nurses and the negative outcomes when staffing is diminished.

The American Nurses Association reports the following: Medicare Federal Regulations requires hospitals to "have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed". With such nebulous language and the continued failure of Congress to enact a quality nursing care staffing act to date, it is left to the states to ensure that staffing is appropriate to meet patients' needs safely. Massive reductions in nursing budgets have resulted in fewer nurses working longer hours, while caring for sicker patients. (I should note at this point that mandated overtime is also becoming an issue for nurses in many work environments, when staffing is short it is common practice to mandate nurses to cover shortages.)

In a survey of conducted by ANA almost 220,000 RNs from 13,000 nursing units in over 550 hospitals and a response rate of 70%, nurses reported to ANA that: 54% of nurses in adult medical units and emergency rooms do not have sufficient time with patients; overtime has increased during the past year with 43% of all RNs working extra hours because the unit is short staffed or busy; and that inadequate staffing affected unit admissions, transfers and discharges more than 20% of the time.

The benefits of increased RN staffing have been demonstrated. Each additional patient care RN employed (at 7.8 hours per patient day) will generate over \$60,000 annually in reduced medical costs and improved national productivity. ¹ This is only a partial estimate of the economic value of nursing omitting intangible benefits of reduced pain and suffering of patients and family members; the risk of patient re-hospitalization; benefits to the hospital such as improved reputation, reduced malpractice claims and payouts, and reduced compliance-related costs; and improved work environment that results in reduced turnover and risk of injury.

Nurses therefore, have requested the assistance of elected officials on the state and federal level to protect patients by holding hospitals accountable for the provision of appropriate [nurse staffing](#) through legislative or regulatory means. ANA Principles for Nurse Staffing (2005) [Nursesbooks.org](#) (1) Dall, Yaozhu,

Seifert, Maddox & Hogan. (2009) "The Economic Value of Nursing" Medical Care: Vol 47:1.

American Nurses Associations Solution to Staffing

ANA advocates solving the problem by requiring hospitals to set nurse-staffing plans for each hospital unit based on changing conditions: Patient acuity (severity of illness), patient numbers, nurse skills and experience, support staff, Technology. Insufficient staffing not only is a poor prognosis for patients. Studies conclude that insufficient staffing causes nurse burnout, job dissatisfaction and turnover, diminishing patient satisfaction and hospitals' bottom lines. Nurses owe it to their patients, the U.S. health care system and themselves to heighten urgency and awareness around safe staffing. The current trend – nurses working longer shifts to care for larger numbers of sicker patients, with decreased support staffs – is not acceptable. (ANA, 2012)

Research shows adding Registered Nurses to unit staffing has been shown to eliminate almost 1/5 of all hospital deaths, and to reduce the relative risk of adverse patient events (Kane, ANA). Evidence has shown a link between mandatory staffing plan legislation and nurses' perception of a more positive nurse work environment when compared with mandatory ratios or no staffing plan.

Retaining nurses is also a cost saving measure, it reduces amount spent on recruitment and training. The cost of recruiting and replacing RN is 1.6 times a Nurses annual salary. Increasing the number of Registered Nurses can yield a cost savings of almost \$3 billion, the result of more then 4 million avoided extra stay days for adverse patient events such as infection (Safe Staffing, ANA, 2010).

Therefore based on the information from research, the principles from the professional association and personal stories from nurses in direct care positions, it is without hesitation that the Connecticut Nurses Association supports this legislation. The previous legislation has proved insufficient to garner the reporting essential for the state to assure residents that the care they will receive will be safe and of high quality.

Thank you for your consideration of this legislation that if enacted will protect the public we serve.

Mary Jane M. Williams Ph., RN